

**MAX ARNOLD & SONS, LLC.**

P. O. BOX 568  
HOPKINSVILLE  
KY, 42241

Phone (270) 885-8488  
Fax (270) 885-4444

August 6, 2008

Department for Environmental Protection  
Division of Water  
14 Reilly Road  
Frankfort, KY 40601



RE: KPDES #KY0097012  
I-24/41A Chevron Fuel Express  
Christian County, County, KY

Dear Ms. Prather,

Enclosed are the completed forms KPDES 1 and KPDES SC for the renewal of Kentucky Pollutant Discharge Elimination System permit for I-24/41A Chevron Fuel Express located in Christian County.

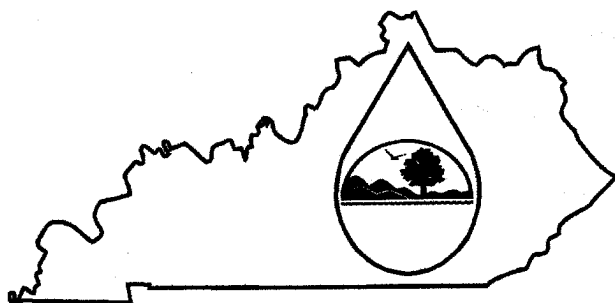
A check for \$200.00 for the application fee has also been enclosed.

If you have any questions, please contact me at (270) 885-8488

Sincerely,

A handwritten signature in cursive script that reads 'Donna Criswell'.

Donna Criswell  
Max Arnold & Sons, LLC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
- ☒ Apply for reissuance of expiring permit.
- ☐ Apply for a construction permit.
- ☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Form SC

For additional information contact:

KPDES Branch (502) 564-3410

\$200.00ck.

<b>I. FACILITY LOCATION AND CONTACT INFORMATION</b>	AGENCY USE	0097012

A. Name of Business, Municipality, Company, Etc. Requesting Permit  
I24/41A Chevron Fuel Express

B. Facility Name and Location

Facility Location Name:

Chevron Fuel Express

Facility Location Address (i.e. street, road, etc., not P.O. Box):

11725 Ft. Campbell Blvd

Facility Location City, State, Zip Code:

Oak Grove, KY 42262

D. Owner's name (if not the same as in part A and C):

Owner's Mailing Address: Chevron Fuel Express  
P. O. Box 31  
Henderson, KY 42419-0031

C. Primary Mailing Address (all facility correspondence will be sent to this address). Include owner's mailing address (if different) in D.

Facility Contact Name and Title: Mr. ☐ Ms. ☒

Donna Criswell

Mailing Address:

P. O. Box 568

Mailing City, State, Zip Code:

Hopkinsville, KY 42240

Facility Contact Telephone Number:

Owner's Telephone Number (if different):  
(270) 885-8488

### II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Truck Stop, Convenience Store, Fast Food, Retail Fuel Station

### B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:

5541 Truck Stop/Gas Station

Other SIC Codes:

### III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)

B. County where facility is located:

Christian

City where facility is located (if applicable):

Oak Grove

C. Body of water receiving discharge:

Sinkhole stream segment 2001

D. Facility Site Latitude (degrees, minutes, seconds):

N 36 degrees, 42 minutes, 30 seconds

Facility Site Longitude (degrees, minutes, seconds):

W 87 degrees, 27 minutes, 28 seconds

E. Method used to obtain latitude & longitude (see instructions): USGS Topographic map coordinates

F. Facility Dun and Bradstreet Number (DUNS #) (if applicable): 106888894

<b>IV. OWNER/OPERATOR INFORMATION</b>	
A. Type of Ownership: <input type="checkbox"/> Publicly Owned <input checked="" type="checkbox"/> Privately Owned <input type="checkbox"/> State Owned <input type="checkbox"/> Both Public and Private Owned <input type="checkbox"/> Federally owned	
B. Operator Contact Information (See instructions)	
Name of Treatment Plant Operator: N/A	Telephone Number:
Operator Mailing Address (Street):	
Operator Mailing Address (City, State, Zip Code):	
Is the operator also the owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the operator certified? If yes, list certification class and number below. Yes <input type="checkbox"/> No <input type="checkbox"/>
Certification Class:	Certification Number:

<b>V. EXISTING ENVIRONMENTAL PERMITS</b>		
Current NPDES Number: KY 0097012	Issue Date of Current Permit: 07-01-2005	Expiration Date of Current Permit: 01-31-09
Number of Times Permit Reissued: 3	Date of Original Permit Issuance: 1993	Sludge Disposal Permit Number:
Kentucky DOW Operational Permit #: KY 0097012	Kentucky DSMRE Permit Number(s):	

Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

<b>VI. DISCHARGE MONITORING REPORTS (DMRs)</b>
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KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). Information in this section serves to specifically identify the name and telephone number of the DMR official and the DMR mailing address (if different from the primary mailing address in Section I.C).

A. DMR Official (i.e., the department, office or individual designated as responsible for submitting DMR forms to the Division of Water):	Donna Criswell
DMR Official Telephone Number:	(270) 885-8488

B. DMR Mailing Address:	
<ul style="list-style-type: none"> <li>Address the Division of Water will use to mail DMR forms (if different from mailing address in Section I.C), or</li> <li>Contact address if another individual, company, laboratory, etc. completes DMRs for you; e.g., contract laboratory address.</li> </ul>	
DMR Mailing Name:	Max Arnold & Sons, LLC
DMR Mailing Address:	P. O. Box 568
DMR Mailing City, State, Zip Code:	Hopkinsville, KY 42240

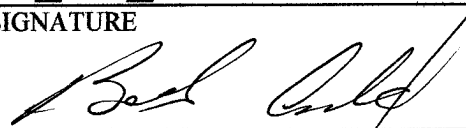
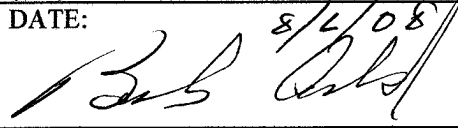
## VII. APPLICATION FILING FEE

KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount (for permit renewals, please include the KPDES permit number on the check to ensure proper crediting). Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Non-Process Industry	\$200.00

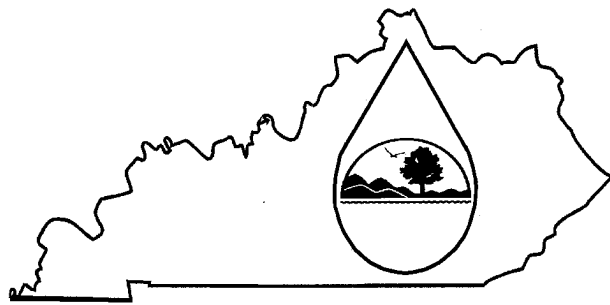
## VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> Robert Arnold/President Max Arnold & Sons, LLC	(270) 885-8488
SIGNATURE 	DATE: 8/6/08 

Return completed application form and attachments to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, KY 40601. Direct questions to: KPDES Branch at (502) 564-3410.

# KPDES FORM SC



## KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

### PERMIT APPLICATION

A complete application consists of this form and Form 1.  
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: **I-24/41A CHEVRON FUEL EXPRESS**

#### I. FACILITY DISCHARGE FREQUENCY

AGENCY  
USE

A. Do discharge(s) occur all year? Yes ☒ No ☐  
(Complete Item IX for intermittent discharges.)

B. How many days per week? **Variable-Rainfall dependent**

II. A. Give the basis of design for sizing of the wastewater facility (see instructions):  
**Rainfall of 3" per hour. Oil/separate from truck fueling islands.**

B. If new discharger, indicate anticipated discharge date:

**N/A**

C. Indicate the design capacity of the treatment system:

**1000gal.**

MGD

#### III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	36	42	30	87	27	28	Surface sinkhole

Method used to obtain latitude/longitude  
(i.e. GPS unit, USGS topographic map coordinates, etc.)

**USGS Topographic map coordinates**

**IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)**

If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.

OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Diesel fueling islands and storm Water runoff	50gal/day	Oil/Water separate	4H

**V. Check the type(s) of wastewater discharged.**

- ☐ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
 ☐ Noncontact cooling water
 ☒ Other (list): Oil/water separator

**VI. Does all water used at facility (except for human consumption) flow to a treatment plant?** ☐ Yes ☒ No**VII. Discharge to other than surface waters. Check appropriate location:**

- ☐ Publicly-owned lake or impoundment Name of lake: \_\_\_\_\_  
☐ Publicly-owned treatment works (POTW). Name of POTW: \_\_\_\_\_  
☐ Land application of Effluent  
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well  
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

**VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).**

<input type="checkbox"/>	Antimony	
<input type="checkbox"/>	Arsenic	
<input type="checkbox"/>	Beryllium	
<input type="checkbox"/>	Cadmium	
<input type="checkbox"/>	Chromium	

<input type="checkbox"/>	Copper	
<input type="checkbox"/>	Lead	
<input type="checkbox"/>	Mercury	
<input type="checkbox"/>	Nickel	
<input type="checkbox"/>	Selenium	

<input type="checkbox"/>	Silver	
<input type="checkbox"/>	Thallium	
<input type="checkbox"/>	Zinc	
<input type="checkbox"/>		
<input type="checkbox"/>		

**IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)**

A. Number of bypass points:	N/A	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

**B. Number of Overflow Points: 1**

(If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	365 per year	365 per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	
Give the number of times discharge occurs per year	365
Give the average volume per discharge occurrence	50gal (1,000 gallons)
Give the average duration of each discharge	30 min (days)
List month(s) when the discharge occurs	Discharge from separator occurs from daily cleaning of dispenser islands


**X. AREA SERVED (see instructions)**

NAME	ACTUAL POPULATION SERVED
N/A	
<b>TOTAL POPULATION SERVED</b>	

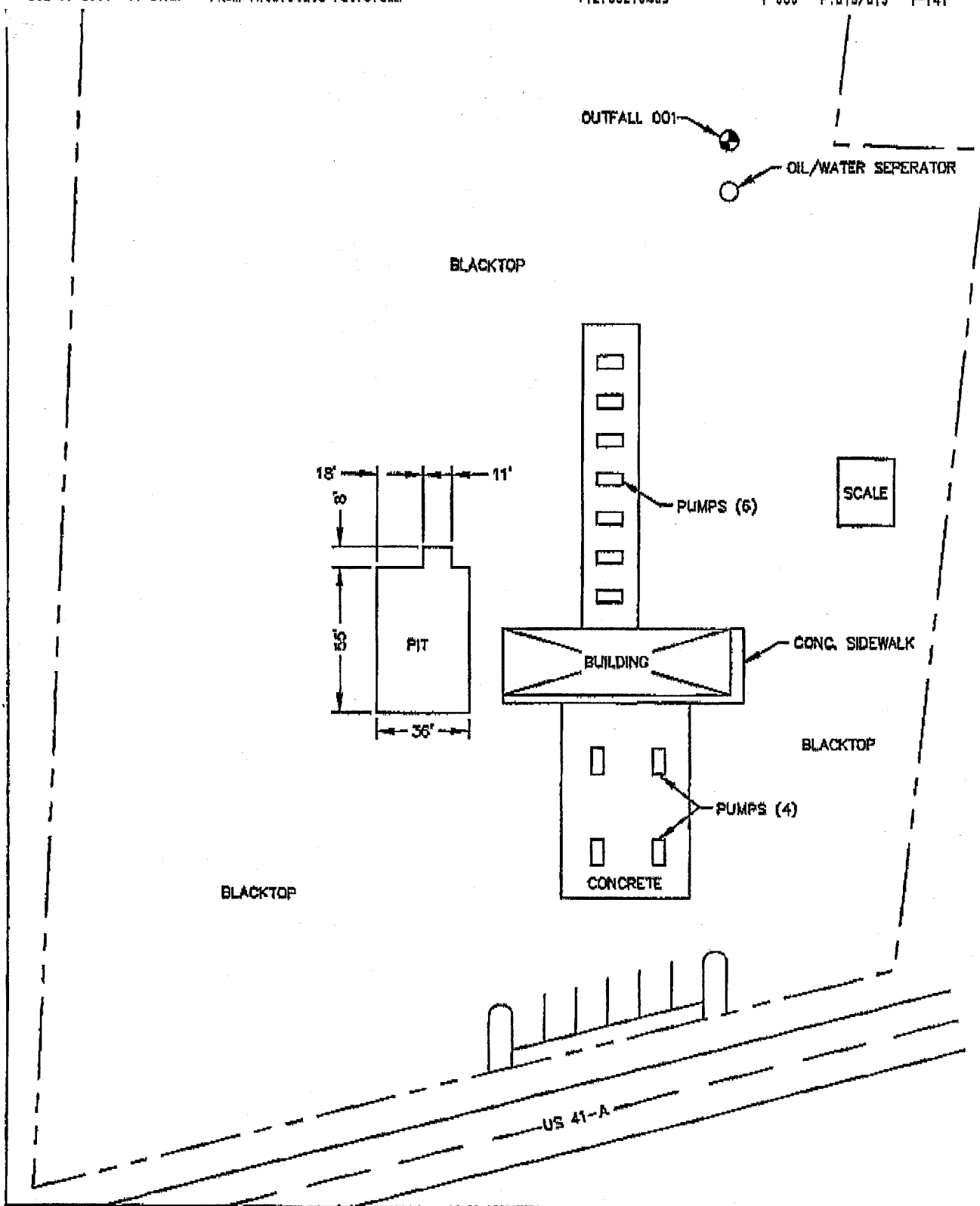
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS		
Additive	Composition	Concentration (mg/l)
N/A		

XII. EFFLUENT CHARACTERISTICS			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD <sub>5</sub>			
TOTAL SUSPENDED SOLIDS	52 MG/L	52 MG/L	
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE	8 MG/L	8 MG/L	
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
pH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	1 Per day approximately 50 gals over 30 min period.
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XIII. CERTIFICATION	
<p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>	
NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Mr. <input checked="" type="checkbox"/> Ms. <input type="checkbox"/> <b>Robert Arnold/President Max Arnold &amp; Sons</b>	(270) 885-8488
SIGNATURE	DATE
	8/7/08

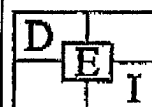




CHEVRON FUEL EXPRESS  
11725 FT. CAMPBELL BLVD.  
OAK GROVE, KY 42262

SITE MAP

SCALE  
NO SCALE  
DATE  
07/07/04  
APPROVED  
S.T.K.  
FILE NO.  
MAX



DANCO ENGINEERING, INC.  
P.O. BOX 528  
407 BROWN ROAD  
MADISONVILLE, KY  
(270) 821-7343

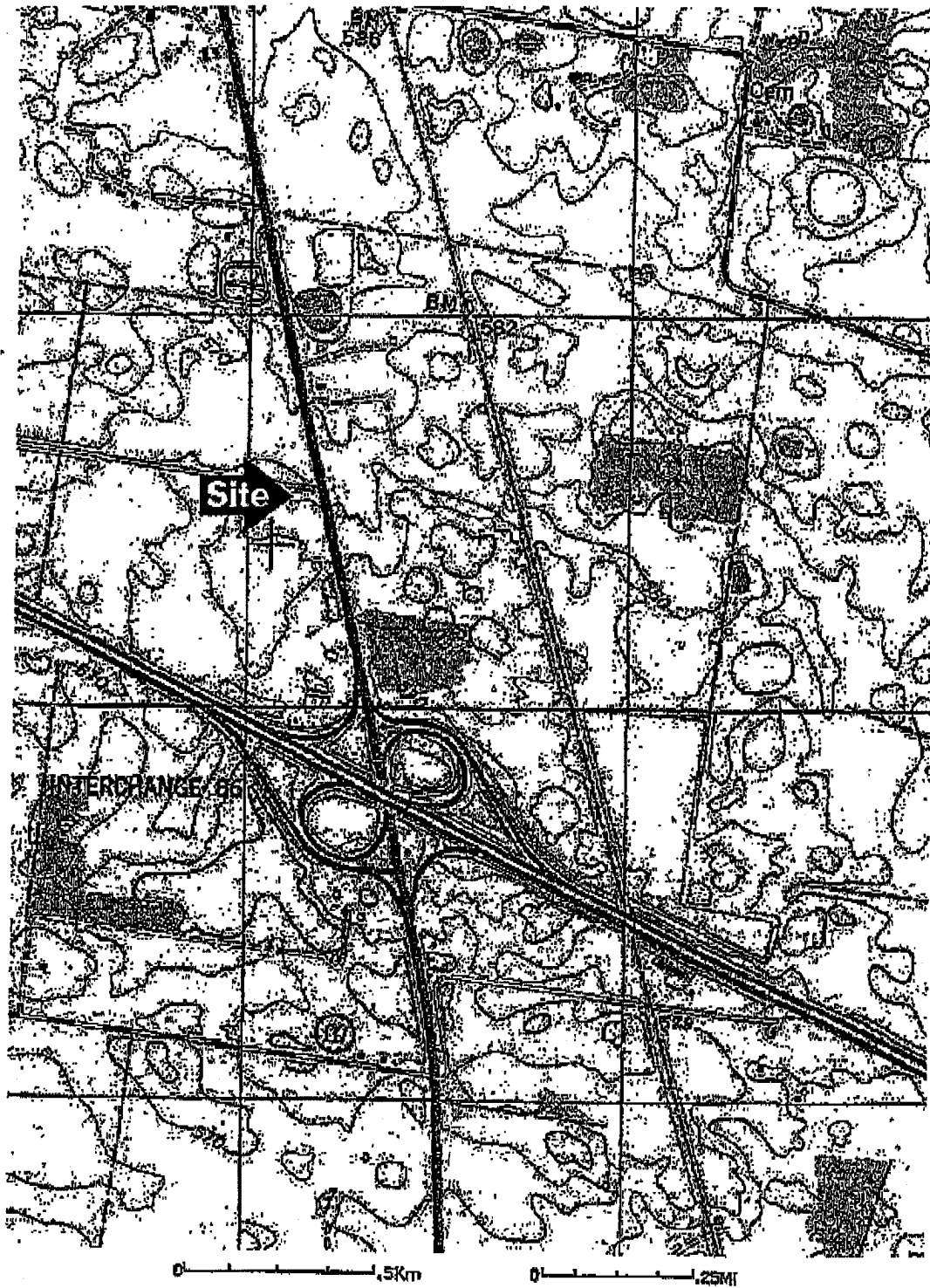


Image courtesy of the U.S. Geological Survey  
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